

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. 10/562,342 | | FILING DATE 12-23-05 | | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|---------------------------------|--|--------------------------------|------|------------------------------------|------|------------------------------------|------|
| | | | | | | APPLICANT(S) | | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 4 | | 1 | | 1 | | | | | | | | | |
| 5 | | 1 | | 1 | | | | | | | | | |
| 6 | 1 | | 1 | | | | | | | | | | |
| 7 | | 1 | | 1 | | | | | | | | | |
| 8 | | 1 | | 1 | | | | | | | | | |
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| 10 | 1 | | 1 | | | | | | | | | | |
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| TOTAL IND. | 3 | ↓ | 3 | ↓ | | ↓ | | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 10 | ← | 10 | ← | | ← | | | ← | | ← | | ← |
| TOTAL CLAIMS | 13 | | 13 | | | | | | | | | | |